Effect October 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TOTAL CLAIMS								RATE	FEE	1	RATE	,FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	430	OR	BASIC FEE	33 C	
TOTAL CHARGEABLE CLAIMS			38 minus 20=		· 18			X\$ 9=	162	OR	X\$18=	्रिप	
INDEPENDENT CLAIMS			Ø minus 3 =		•	S		X40=	700	OR	X80=	45	
MU	LTIPLE DEPE	NDENT CLÁIM P	RESENT					+135=		OR	+270=	7	
• #	the difference	in column 1 is	less than zero, enter "0" in column 2			ı	TOTAL	793	OR	TOTAL	: । दर्ग		
CLAIMS AS AMENDED - PART II										10	OTHER	TUAN	
٠		(Column 1)	(Column 2) (Column 3)					SMALL	ENTITY	OR	SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total 7	59	Minus	• 3	8	-21		X\$ 9=	189.00	OR	X\$18=		
AME	Independent	3	Minus	***	<u>8</u> .	- 5		X40=	2/5:00	OR	X80=		
FIRST PRESENTATION OF MU			ILTIPLE DEPENDENT CLAIM					+135=	19.	OR	+270=		
							L	TOTAL			TOTAL		
				•			•	ODIT. FEE		OR	ADDIT. FEE		
d,e ~	19.1600 海海縣	(Column 1)		(Colur		(Column 3)	1 -						
MENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ĝ	Total ()	3	Minus	••		-	Ы	X\$ 9=	14.5	OR	X\$18=		
AM	Independents		Minus	140		•	lſ	X40=	1015	OR	X80	1. V.	
	PHOPPHESE	NTATION OF MI	LIIPLE DE	-ENDEN I	CLAIM		'	+135=		OR	+270=		
							<u>-</u>	TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE	1.5	
						1. W							
ENT C		CLAIMS REMAINING PLAFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER WSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE	\$ \\	RATE	ADDI- TIONAL FEE	
힑			Minus Co	••		a	ľ	X\$ 9=		OR	X\$18=	\$ 18th	
3	Independents	And the second	Minus •••			9 ,		X40=		OR	X80=		
N.	FIRST PRESE	NTATION OF MI	ILTIPLE DEF	ENDENT	CLAIM	لــــــــــــــــــــــــــــــــــــــ	 -			۳.	-		
			PASA.					+135=		OR	+270=,		
- H	", if the entry in column. I is less than the entry in column 2, write "O" in column 3. "If the Flighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Eighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR,	TOTAL		
	he Tighest Num	nber Previously Paid ber Previously Paid	is For IN THIS For (Total or	s SPACE le independe	nt) is the	i 3, emer "3." highest number	r foun	d in the app	ropriate box	in coil	ımn 1.		

FORM PTO 476

Palent and Trademark Office, U.S. DEPARTMENT OF COMMERCE